U.S. Department of Labor Office of Labor-Management - Staffdards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expres 11 30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Fo	Y Office Live Only Special NR-5206	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U /////	2 Fiscal Year Covered From			
<i>/ /</i>	1 /1 /05 Through /2/31/05			
3 Name and address of person fiting	4 Name file number and address of labor organization			
Name DAVIDL MILLER	Name MI, CARPENTERS HEALTH CARE			
	Labor Organization File Number 0/945/			
PO Box Bldg Room No Ifany	P.O. Box. Building and Room Number if any			
Street 6459 W. PIERSON RO	Street 6525 CENTURION DR,			
City FLUS HING	City LANSING			
State MI ZIP Code + 4 48 433	State MI_ ZIP Code + 4 48917 - 9275			
5 Position in labor organization TRUSTEE	9275			
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exci	derived income or other economic benefit of			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
PO Box Bidg Room No if any				
Street	7 b Amount.			
City				
State ZIP Code + 4				
Signature				

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)

3-30-06 810 487

Name of Person Filing DAVID L MILLER	File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name					
Trade Name If any	a Labor Organization b Trust X				
P O Box Bldg Room No If any	c Employer				
Street					
City					
State ZIP Code + 4	-				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing MEET ING EXPENSE				
Name SAMEAS PAGE ONE	7/7/05 MILEAGE 95022				
Trade Name if any	7/7/05 MILEAGE \$5022 9-26-05 MILEAGE \$ 20.06 12-9-05 MILEAGE \$ 20.06 12-21-05 MILEAGE \$ 89.76				
·	12-21-05 MILE AGES \$ 89.76				
P O Box Bldg Room No If any	TOTAL \$ 225.99				
Street	11 b Approximate dollar value of such dealing				
City	12 a Nature of interest held or income received				
State ZIP Code + 4					
	12 b Amount				
	Associate Associate Associate				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name					
Trade Name if any					
P O Box, Bidg. Room No if any					
Street					
City					
State, ZiP Code + 4					
	14 b Amount of payment.				
13.b Is the Business an Employer : or Consultant ?	1				

MICHIGAN CARPENTERS' HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

DAVE MILLER

CHECK DATE	PAYEE	AMOUNT	PURPOSE
7/7/2005	Dave Miller	\$50.22	7/7/05 Operational Rev Mtg Transportation
	Dave Miller		9/26-9/27/05 Jt BOT Mtg Transportation
12/9/2005	Dave Miller	\$20 05	12/9/05 BOT Meeting Transportation
12/21/2005	Boyne USA Resorts	\$89 76	Hotel Room for 9/26-9/27/05 JT BOT Migs
TOTAL	· · · · · · · · · · · · · · · · · · ·	\$225 99	